

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

163M

07082
62
Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

City or town

Caroline

near Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Several Months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George Albert Brade, Jr.

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

none

7. Birth date of deceased (mo. day, yr.)

December 3, 1925

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

22

7

8

9. Birthplace

Philadelphia, Pa.

(Town, county, and state)

10. Usual occupation

Cobbler

11. Industry or business

Import nylon

MOTHER FATHER

12. Name

Geo. A. Brade, Sr.

13. Birthplace

Delaware

14. Maiden name

Ella Triplett

15. Birthplace

Phila. Pa.

16. Informant

Geo. A. Brade, Sr.

Address

Greensboro, Maryland

17. Burial

Date thereof

July 15, 1948

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Denton

Location

Denton, Maryland

18. Funeral director

J. Virgil Moore & Son

Address

Denton, Maryland

19. Date rec'd by registrar

1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

City or town

near Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 11 1948 at 54 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. , to . 19.

and that I last saw h. alive on .

19.

Immediate cause of death

Carbon monoxide poison - suicide

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 7/11/48Where did injury occur? Denton (City or town) Caroline (County) Md (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Attack by house Injured at work?

Automobile -肇家

23. SIGNATURE Geo. A. Brade M. D. or otherAddress Denton Date signed 7/13/48

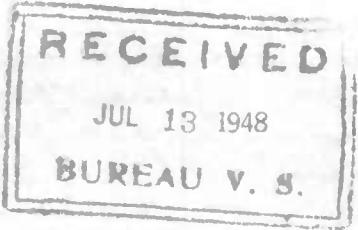
M

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15V

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07083

CERTIFICATE OF DEATH

Reg. Dist. No. 64

M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

1. PLACE OF DEATH:

Caroline
County
Federalburg

(If outside city or town limits, write RURAL and give nearest town)

full life

How long in above place of death?

Hospital, institution, or street address where death occurred:
Academy Ave.

How long in hospital or institution? no

3. (a) FULL NAME

J. Blaine Bullock

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

male

white

married

6.(b) Name of husband or wife

Glenna Bullock

7. Birth date of deceased (mo., day, yr.)

July 23, 1884

6.(c) If alive, give age 60 years

8. AGE:

Years
63Months
IIDays
27If less than one day
hrs. min.

9. Birthplace

Smithville, Md.

(Town, county, and state)

10. Usual occupation

retired farmer

11. Industry or business

12. Name J. Wesley Bullock

13. Birthplace

Md.

14. Maiden name Julia Pennypacker

15. Birthplace Md.

16. Informant Mrs. Glenna Bullock

Address Federalburg, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 7/22/48

(month) (day) (year)

Cemetery or crematory Hillcrest Cem.

Location Federalburg

18. Funeral director Adams & Williamson

Address Federalburg, Md.

19. July 22 1948

(Date rec'd by registrar)

Wm E. Bullock
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Caroline

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name was

no

3. (b) Social Security Number

215-26-4222

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 20 1948 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19, 1948 to July 19, 1948

and that I last saw h. l. M. alive on July 19, 1948

Immediate cause of death

Cardio-vascular
disease

DURATION

1948

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

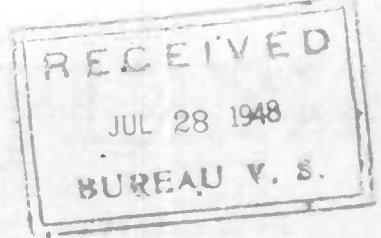
Injured at work?

23. SIGNATURE

W. E. Bullock M.D.

M. D. or other

Address Federalburg, Md. Date signed 7-22-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07084

Reg. Dist. No.....

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County..... Caroline

City or town..... Preston, Maryland RURAL

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 4 Months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Frank O. Carlson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widower

6. (b) Name of husband or wife.....

Johann Carlson

7. Birth date of deceased (mo., day, yr.)

August 17, 1858

.....(c) If alive, give age..... years

8. AGE: Years

Months

Days

If less than one day

89

11

0

hrs.

min.

9. Birthplace.....

Sweden

(Town, county, and state)

10. Usual occupation.....

Manufacturer

11. Industry or business

Unknown

MOTHER FATHER

12. Name.....

Unknown

13. Birthplace

" "

14. Maiden name.....

" "

15. Birthplace

" "

16. Informant.....

William H. Hyde

Address

Preston, Maryland

17. Burial.....

(Burial, cremation, or removal. Which?)

Date thereof..... July 21, 48

(month) (day) (year)

Cemetery or crematory.....

Lakeview

Location.....

Jamestown, N.Y.

18. Funeral director.....

W.H. Hollis & Son

Address

Preston, Md.

19. 7/18

19. 48

C. D. Plummer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... New York

County.....

City or town..... Jamestown

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

July 17, 1948, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 13, 1948,

to July 2, 1948

and that I last saw him alive on July 2, 1948

Immediate cause of death..... Pulmonary edema

DURATION
1.5 years

Due to..... Arteriosclerosis Heart Disease

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results..... Not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

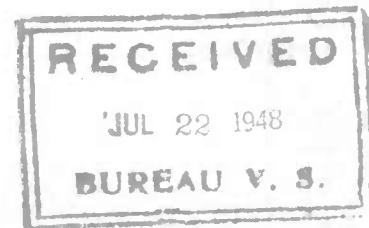
23. SIGNATURE.....

H. B. Plummer

M. D. or other

Address..... Preston, Maryland

Date signed..... 7/19/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07085
62

CERTIFICATE OF DEATH

Reg. Dist. No. 47d

1. PLACE OF DEATH:

County Caroline
 City or town Bursville, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life
 Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Harry Clay Collison

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Dora Anderson

7. Birth date of deceased (mo., day, yr.)

Nov. 6, 18856. (c) If alive, give age 60 years

8. AGE:

Years 62Months 68Days 7

If less than one day hrs. min.

9. Birthplace

Denton, Caroline Md
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name Charles W. Collison13. Birthplace Md14. Maiden name Minnie Lewis15. Birthplace Md16. Informant Dora CollisonAddress Bursville, Maryland17. Burial Burial

(Burial, cremation, or removal. Which?)

Date therol. 7-16-48
(month) (day) (year)Cemetery or crematory DentonLocation Denton, Md18. Funeral director J. Virgil Moore & SonAddress Denton, Md19. 7/16 19.48 7 in 80 George

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Bursville (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 13

19.48

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 15 1948 to July 13 1948 and that I last saw him alive on July 13 1948

Immediate cause of death

Carcinoma of Lung

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

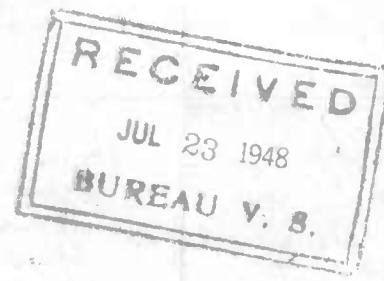
Injured at work?

23. SIGNATURE

Death & Funeral Home
 Green Bay, WI Date signed 1948

M. D. or other

Registrar



I



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In event of death clearly and legibly.
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

48a

07086

60

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County..... Caroline

City or town..... Maryland Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? X

3. (a) FULL NAME

Arvellar Mary Fountain

4. Sex _____ 5. Color or race _____ 6. (a) Single, married, widowed, or divorced

F. Col. Married

6. (b) Name of husband or wife Stephen

7. Birth date of deceased (mo. day, yr.) March 1, 1890

8. AGE: Years Months Days If less than one day
58 4 20 hrs. min.

9. Birthplace Maryland, Caroline, Maryland.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business X

12. Name Robert Daniels

13. Birthplace Maryland, Maryland

14. Maiden name Mary Lewis

15. Birthplace Maryland, Maryland

16. Informant Stephen Fountain

Address Maryland, Maryland

17. Burial Date thereof 7/23/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Zion

Location Near Maryland, Maryland

18. Funeral director Raymond B. Rawlings

Address Greensboro, Maryland

19. 7/23 1948 a. F. Smith

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Maryland Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION) X

2. (a) If veteran, name war

3. (b) Social Security Number

220-5-0257

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 30 1947 to July 20 1948

and that I last saw her alive on July 19, 1948

Immediate cause of death

Carcinoma of cervix
with metastases to liver

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

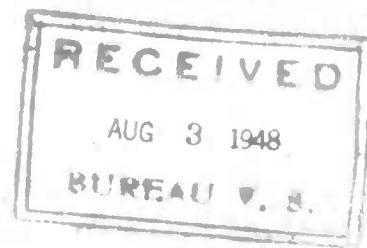
Means of injury

Injured at work?

23. SIGNATURE

M. D. or

Address Greenbriar Hall Date signed 7/21/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07087

68

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County.....Caroline

City or town.....Goldsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....18 Yrs.

Hospital, institution, or street address where death occurred:

X

How long in hospital or institution?.....

X

3. (a) FULL NAME

Carlane Harrington

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F.

White

Widowed

6. (b) Name of husband or wife.....

Samuel Harrington

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

Sept. 15, 1857

8. AGE: Years

Months

Days

If less than one day

90

9

27

....hrs.min.

9. Birthplace.....

Delaware

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

X

MOTHER FATHER

12. Name.....No Record

13. Birthplace.....No Record

14. Maiden name.....Ester Pratt

15. Birthplace.....Delaware

16. Informant.....

Mrs. Alma Harris

Address.....Greensboro, Maryland.

17. Burial.....

Date thereof.....7 / 15 / 48

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....Greensboro

Location.....Greensboro, Maryland.

18. Funeral director.....Raymond B. Rawlings

Address.....Greensboro, Maryland.

19. 7/15 1948 (Date rec'd by registrar)

a. c. Smith

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Caroline

City or town.....Goldsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

X

2.(a) If veteran, name war.....

3. (b) Social Security Number

X

MEDICAL CERTIFICATION

20. DATE OF DEATH.....July 12 1948 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1938 to 1948, and that I last saw her alive on July 11, 1948.

Immediate cause of death.....

Acute Failure of heart

Due to.....

Myocarditis 10 yrs

Onset.....

Cardiovascular disease 10 yrs

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....(City or town).....(County).....(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

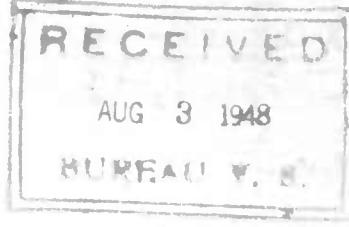
Injured at work?

23. SIGNATURE.....

A. C. Smith M.D. 7/15/48

Address.....

Date signed.....



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07088

131a

62

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

City or town

Caroline Hickman

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

10 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Frederick Hawthorne

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

widower

6. (b) Name of husband or wife

unknown

7. Birth date of deceased (mo., day, yr.)

Oct. 23, 1872

6. (c) If alive, give age — years

8. AGE:

Years
75Months
9Days
29

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

Vermont

10. Usual occupation

farmer

11. Industry or business

unknown

MOTHER FATHER

12. Name

unknown

13. Birthplace

unknown

14. Maiden name

unknown

15. Birthplace

unknown

16. Informant

Mr. Peter Jorgensen

Address

Wyoming, Delaware

17. Burial

Date thereof July 24, 1948
(month) (day) (year)

Cemetery or crematory

Benton, Maryland

Location

Benton, Maryland

18. Funeral director

J. Virgil Moore

Address

Benton, Maryland

19. Date rec'd by registrar

7/23 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Caroline

City or town

Rural

Hickman

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 22 1948 at 7:15 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 17 1948 to July 22 1948
and that I last saw h. do. alive on July 22 1948

Immediate cause of death

Cardio Vasculor Renal Disease 39 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

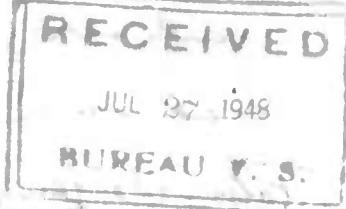
Injured at work?

23. SIGNATURE

Alanson D. George
Dentist

M. D. or other

Address 7/23/48
Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07089

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County

Caroline

City or town

Dentons

Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

April Geraldine Hill

4. Sex

F

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

—

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

April 1st 1947

6. (c) If alive, give age years

8. AGE:

1

Years

3

Months

4

Days

If less than one day

hrs.

min.

9. Birthplace

Dentons

(Town, county, and state)

Md.

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

George Hill

13. Birthplace

Maryland

14. Maiden name

Elizabeth Layton

15. Birthplace

Maryland

16. Informant

Mrs. Geo. Hill (mother)

Address

Dentons

Buried

Date thereof

7-7-48

(Until, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Dentons Cemetery

Location

Dentons

18. Funeral director

H. J. Virgil Morris & Son

Address

101 Gaynor St.

19. (Date rec'd by registrar)

19-48

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Caroline

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 5th 1948 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw h..... alive on 19.....

Immediate cause of death

Whooping Cough

DURATION

2 mos

Due to

Probable Bronchitis

2 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address Denton D. or other Date signed 7/7/48

RECEIVED
JUL 13 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07090

66

CERTIFICATE OF DEATH

87c
Reg. Dist. No.

1. PLACE OF DEATH:

County..... Caroline

City or town..... Ridgely Rural

(If outside city or town limits, write RURAL and give nearest town)

20 Yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

X

3. (a) FULL NAME

Mother Margaret Mary Meyer, O.B.S.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F.

White

Single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

February 1, 1874

8. AGE: Years

Months

Days

If less than one day

74

5

0

hrs.

min.

9. Birthplace.....

Covington, Kentucky.

(Town, county, and state)

10. Usual occupation.....

Teacher

11. Industry or business

Frank Meyer

MOTHER FATHER

12. Name.....

Kentucky.

13. Birthplace.....

Elizabeth Shepper

14. Maiden name.....

Kentucky.

15. Birthplace.....

Mother M. Hildegard O.S.B.

16. Informant.....

Ridgely Rural, Maryland.

Address

Burial.....

Date thereof..... 7/5/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory..... St. Gertrudes

Location..... Ridgely, Rural, Maryland.

18. Funeral director..... Raymond B. Rawlings

Address..... Greensboro, Maryland.

19. July 3, 1948
(Date rec'd by registrar)Mary E. Laird
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline

City or town..... Ridgely Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

X

3. (b) Social Security Number

X

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... July 1,

1948 at 5:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 23, 1948, to July 1, 1948

and that I last saw her alive on June 30, 1948

Immediate cause of death.....

arterio sclerosis

DURATION

2 yrs

Due to.....

Due to.....

Other conditions..... Parkinson's Disease

2 year

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

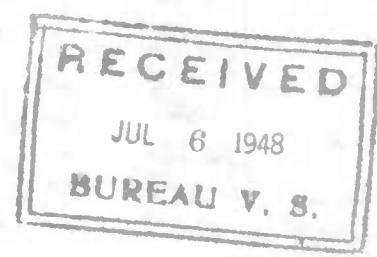
Injured at work?

23. SIGNATURE.....

E. Paul Throth MD

M. D. or other

Address..... 1011 Main Street..... Date signed..... 7/5/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
age, shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07091

FILM NO. G 116 AUG 3 - 1948 CERTIFICATE OF DEATH

62

Reg. Dist. No.

1. PLACE OF DEATH:

County

Caroline

Nearest town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

m.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Charles Andrews Murphy

7. Birth date of deceased (mo., day, yr.)

Apr. 16th 1869

6. (c) If alive, give age

years

8. AGE:

Years 79

Months 7

Days 17

If less than one day

hrs.

min.

Maryland

(Town, county, and state)

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Merchant

(Occupation)

11. Industry or business

William Murphy

(Business name)

12. Name

William Murphy

(Name)

13. Birthplace

Maryland

(State)

14. Maiden name

Sarah Irene

(Name)

15. Birthplace

Maryland

(State)

16. Informant

Mrs. Virgil Murphy

(Name)

Address

Denton, Md.

(Address)

17. Burial

Burial

(Burial, cremation, or removal, Which?)

Date thereof 7-6-48

(month) (day) (year)

Cemetery or crematory

Denton Cemetery

(Name)

Location

Denton, Md.

(Address)

18. Funeral director

J. Virgil Murphy Son

(Name)

Address

Denton, Md.

(Address)

19. Date rec'd by registrar

7/6/48

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Caroline

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 3 1948 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Tela f9.48 to July 3 1948

and that I last saw him alive on July 2 1948

Immediate cause of death

Astrocytoma Dorsalis

Due to: Chancroid, Anthrax

5 yrs

7 yrs

Due to: Myocarditis

12 mos

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

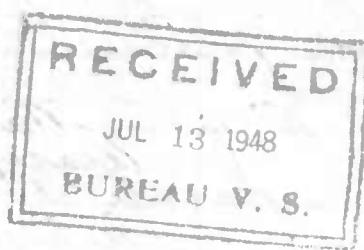
Means of injury

Injured at work?

23. SIGNATURE

Spencer George M. D. or other

Address Date signed 7/6/48



I



9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07092

106 b

Reg. Dist. No. 62

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred: *Denton life*

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

F

5. Color or race

w

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo. day, yr.)

Mar. 4, 1874

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

Caroline Maryland

(Town, county, and state)

10. Usual occupation.....

none

11. Industry or business

none

MOTHER FATHER

12. Name.....

Frances Pippin

13. Birthplace

Ind.

14. Maiden name.....

Elijah Mason

15. Birthplace

Ind.

16. Informant.....

Mrs. Leo McCrory

Address

Denton Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof *July 24, 1948*

(month) (day) (year)

Cemetery or crematory.....

Denton

Location.....

Denton Maryland

18. Funeral director.....

Virginia Moore

Address

*Denton Ind.*19. *7/23/48*

1948

Tom & George

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Ind*County *Caroline*City or town *Denton*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *106 b*

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 23, 1948 at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Asie**1945**July 23**1948*

and that I last saw her alive on

*July 23**1948*

Immediate cause of death

Generalized Arteriosclerosis

DURATION

5 yrs

Due to

*Anemia -**Chronic Bronchitis**14yrs**10 yrs*

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ranson D. George

M. D. or other

Address *Denton*Date signed *7/23/48*

RECEIVED
JUL 27 1948
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07093

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

Caroline
Federalburg

(If outside city or town limits, write RURAL and give nearest town)

15 yrs.

How long in above place of death?

Hospital, Institution, or street address where death occurred:
S. Main St.

How long in hospital or institution?

no

3. (a) FULL NAME

Ernest E Redhead-

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white married

May Redhead

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 13, 1878

8. AGE: Years 69 Months 10 Days 18 If less than one day hrs. min.

9. Birthplace Preston
(Town, county, and state)

10. Usual occupation retired

11. Industry or business

12. Name James Redhead
13. Birthplace Md.14. Maiden name Winoa Hutchinson
Md.15. Birthplace May Redhead
Address San Francisco, Cal.16. Informant burial
(Burial, cremation, or removal. Which?) Date thereof 7/5/48
(month) (day) (year)Cemetery or crematory Hillcrest Cem.
Location Federalsburg, Md.18. Funeral director Adams & Williamson
Address Federalsburg, Md.19. July 6 1948
(Date rec'd by registrar) 1948
Signature of witness Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. B. Main St.
(If rural, give LOCATION)

2.(a) If veteran, name war don't know

3. (b) Social Security Number
has number can't find card

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1948 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on

19.

Immediate cause of death

Acute Myocarditis sudden

Due to

Due to Cardiac Vasculitis sudden 12 hours

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Doctor J. George M. D. of the
West Medical Examiner Date signed 7/2/48
Address

RECEIVED
JUL 12 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07094

CERTIFICATE OF DEATH

Reg. Dist. No. 66

93d

1. PLACE OF DEATH: Caroline County

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Seven months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME Charles C. Samis

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Ila Jane Samis

7. Birth date of deceased (mo., day, yr.) November 2, 1890 6.(c) If alive, give age 52 years

8. AGE: Years 57 Months 8 Days - If less than one day hrs. min.

9. Birthplace Frankford, Delaware
(Town, county, and state)

10. Usual occupation Mechanic

11. Industry or business Auto

12. Name John J. Samis

13. Birthplace Michigan

14. Maiden name Alice J. Dragoo

15. Birthplace Michigan

16. Informant Ila Samis

Address Ridgely, Maryland

17. Date thereof 7/4/48
(Burial, cremation, or removal; Which?)

Date thereof (month) (day) (year)

Cemetery or crematory Ridgely

Location Ridgely, Md

18. Funeral director Elton L. Lane

Address Church Hill Rd

19. Date rec'd by registrar July 3 1948

(Date rec'd by registrar) Mary E. Laird

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Ridgely (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number 185-07-8931

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2-1948 at 2:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-1- 1947, to 7-2-1948

and that I last saw him alive on 7-2- 1948

Immediate cause of death:

Myocardial Insufficiency DURATION 24 hrs

Due to: Hypertension Heart Disease 3 yrs

Due to: General arteriosclerosis -

Other conditions: (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

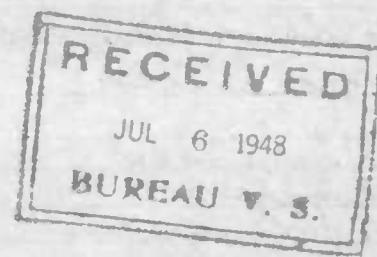
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George W. Whitmire M. D. or other

Address Ridgely Date signed 7-3-48



PLEASE WRITE PLAINLY, WITH INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07095

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:

County..... Caroline

City or town..... Preston, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 21 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

JOHN W. SCHMICK

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

M

W

WIDOWER

6.(b) Name of husband or wife

Mary Schmick

7. Birth date of deceased (mo., day, yr.)

Nov. 26, 1855

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace..... RUSSIA

(Town, county, and state)

10. Usual occupation.....

11. Industry or business

MOTHER FATHER

12. Name..... UNKNOWN

13. Birthplace.....

14. Maiden name..... UNKNOWN

15. Birthplace.....

16. Informant..... Edward A. Schmick

Address..... Preston, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... Aug. 1, 1948
(month) (day) (year)

Cemetery or crematory..... Jr. Order U. A. M.

Location..... Preston, Md.

18. Funeral director..... H. M. Hollis

Address..... Preston, Md.

19. 7/30

(Date rec'd by registrar)

1948 C. H. Plummer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County.....

Caroline

City or town..... Preston

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Jun. 17, 1948

1948, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 12, 1948, to Jun. 17, 1948,

and that I last saw h. m. alive on Jun. 17, 1948, 1948.

Immediate cause of death..... Cerebral Hemorrhage

DURATION

1 hr

Due to..... Arteriosclerosis

20 yrs

Due to.....

Other conditions..... Benign Prostatic Hypertrophy

6 yrs

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE..... Hugh B. Plummer

M. D. or other

Address..... Preston, Md., 1948

7/30/48 Date signed

RECEIVED

JUL 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07096

95C

Reg. Dist. No. 62

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County..... Caroline

City or town..... Hillsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Life

Hospital, institution, or street address where death occurred: X

How long in hospital or institution?..... X

3. (a) FULL NAME

Evelyn L. Stewart

4. Sex _____ 5. Color or race _____ 6. (a) Single, married, widowed, or divorced

F. White Widowed

6. (b) Name of husband or wife..... Geo. B. Stewart

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1881

8. AGE: Years 66 Months 9 Days 23 If less than one day hrs. min.

9. Birthplace..... Maryland
(Town, county, and state)

10. Usual occupation..... Housewife X

11. Industry or business

Charles Fleming

No Record

14. Maiden name..... Francis J. Powell

No Record

16. Informant..... Virginia B. Cornbrooks

Address 2630 Adams Mill Rd. Wash. D.C.

17. Burial Date thereof 7/14/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Hillsboro

Location..... Hillsboro, Maryland.

18. Funeral director..... Raymond B. Rawlings

Address Greensboro, Maryland.

19. 7/14 1948 Mrs. George
(Date rec'd by registrar) Registrars

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline

City or town..... Hillsboro
(If outside city or town limits, write RURAL and give nearest town)Street No..... X
(If rural, give LOCATION)

2.(a) If veteran, name war..... X

3. (b) Social Security Number X

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 11 1948 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-1 1946 to 7-11-1948 and that I last saw her alive on 7-10-1948.

Immediate cause of death

Cardiac Insufficiency

DURATION

1 week

Due to General arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

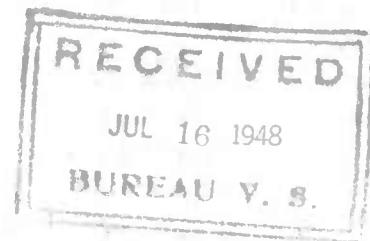
Injured at work?

23. SIGNATURE

George All White M.D.
Ridgely

M. D. or other

Date signed 7-14-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; 1 be correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.....

07097
60

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County *Caroline*City or town *Henderson*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *4 years*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John H. Thornton

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Daisy Thornton

7. Birth date of deceased (mo. day, yr.)

August 10, 1864

6.(c) If alive, give age

68

years

8. AGE:

Years	Months	Days	It less than one day
83	10	25	hrs. min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Pastor Clergyman

11. Industry or business

Methodist Church

12. Name

J. A. Thornton

13. Birthplace

Maryland

14. Maiden name

No late available

15. Birthplace

*Maryland*Address *Henderson, Maryland*

17. Burial

Date thereof *July 7, 1948*

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory *Silverbrook Cemetery*

Location

Kilwington, Delaware

18. Funeral director

J. J. Traumtor and Son

Address

Federalsburg, Maryland

19. Date rec'd by registrar

*July 5 1948*Signature *J.C. Smith*

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Caroline*City or town *Henderson*

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH *July 5 1948* at *6:10 A.M.*

21. I CERTIFY that death occurred on the date above given; that I attended deceased from

*Nov. 14 1947 to July 5 1948*and that I last saw him alive on *July 4 1948*

Immediate cause of death

*Of heart disease**Cardio-Vascular Changes*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, list in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

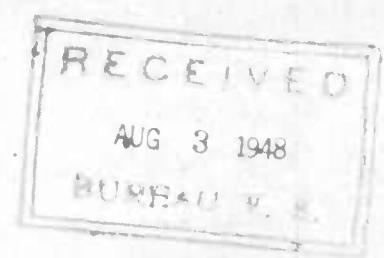
Injured at work? _____

23. SIGNATURE

Signature *J. C. Silver*

M. D. or other

Address *Goldsboro Md.* Date signed *7/5/48*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07098

CERTIFICATE OF DEATH

83 a
Reg. Dist. No. 61

1. PLACE OF DEATH:

County

Caroline

City or town

Greenland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stewart's Hospital

Stay in hospital or Inst. (yrs., or mos., or days)

17 days

Stay in this community (yrs., or mos., or days)

3. (a) FULL NAME

Mary Esther Wheatley

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

B. (b) Name of husband or wife

George Howard Wheatley

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.)

Feb. 14 - 1872

8. AGE:

Years

Months

Days

It less than one day

hrs. min.

9. Birthplace

T.A.C. Maryland

(Town, county, and state)

10. Usual occupation

Nurse

11. Industry or business

MOTHER FATHER

Joseph Eaton

D. A. Co. Maryland

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Intertant

George Howard Wheatley

Address

100 E. Mill, Maryland

17. Cemetery or crematory

Burial, cremation, or removal. Which?

Date thereof

July 12 - 48
(month, day, year)

Location

Hickford, Maryland

18. Funeral director

Boston T. Denton

Address

Centerville, Maryland

19. (Date filled by registrar)

July 12, 1948

L. Mar Pippin

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Dorchester

City or town

George Mills

Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 10

1948, at 2A.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 24 1948 to July 10 1948

and that I last saw him alive on July 9 1948

Immediate cause of death

cerebral hemorrhage

DURATION

5 days

Due to cerebral hemorrhage

5 hr

Due to hypertension

5 yr

Other conditions primary cerebral hemorrhage

2 months

(Include pregnancy within 8 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. Paul Roth M.D.

M. D. or other

Address

Denton, Md

Date signed



